RTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on December 8, 2003

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person

PATENT APPLICATION **Attorney Docket No. SUN-P5075** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE	PATENT APPLICATION OF	) Examiner: Ali, Syed J.	RECEIVED
Grzego	rz J. Czajkowski	) ) Group Art Unit: 2127	DEC 1 5 2003
Serial 1	No. 09/675,116	) 1	<b>Fechnology C</b> enter 2100
Filing l	Date: September 28, 2000	) )	
Title:	METHOD AND APPARATUS TO VERIFY TYPE SAFETY OF AN APPLICATION SNAP SHOT	) -)	

## AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment **Assistant Commissioner for Patents** P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- [x]Response under 37 C.F.R. § 1.111 to official action mailed November 28, 2003.
- [] A petition for extension of time is also enclosed with a fee of \$55.00 for a onemonth extension for a small entity.
- [] Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - [ ] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - [ ] 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and \_\_\_\_ references.
- [x]No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiplier Total Amendment Fee  If small entity status is contact the small entity status is contact the small entity status is contact the small entity status.					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

l J	A check in the amount of $5_{}$ is enclosed.
[]	Charge \$ to Deposit Account No (Docket No).
[x]	Please deduct any undernayments, credit any overnayments, and charge

[x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. SUN-P5075).

Respectfully submitted,

By

Edward J. Grundler Registration No. 47, 615

Date: December 8, 2003

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